

Office of Emergency Management (OEM)

Milwaukee County

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Number: 15-07

Date: October 29, 2015

From: Ken Sternig

Section: EMS Administration

To: All EMS Providers

Subject: System Updates

Medication update:

Lidocaine:

Milwaukee County EMS has asked paramedic units to remove the "cardiac" lidocaine from your medication kits. Per MC medical protocols 'Tachycardia with pulses" 2-14 and "Ventricular Fibrillation or Pulseless Ventricular Tachycardia" 2-16, Amiodarone is the only anti-arrhythmic to be administered.

The only Lidocaine that should be on the paramedic vehicle is the 2% Lidocaine MPF that comes in a 5 ml vial. The 2% Lidocaine HCL that comes in the pink boxes should be removed from all paramedic vehicles (if not already done so) and returned to MC EMS.

The 2% Lidocaine MPF is for local anesthesia to help decrease the pain of administering IO fluids and should be used in a conscious patient only. See medical protocol "Intraosseous Infusion" 2-7.01

Cardiac Lidocaine (should be removed)



2 % Lidocaine MPF for IO



IV solutions and tubing changes:

FMLH is changing supply vendors for their IV solutions and tubing from Hospira to Baxter. Folks will notice new supplies arriving as of October 1, 2015. The changeover will occur over the next few months. Currently there is a national shortage of NS and Baxter is importing NS from Spain and European Union facilities. Until the shortage is resolved, you may see NS IV solution bags with a different covering to the port you connect the IV tubing to. Current Hospira IV tubing will connect into this port. The IV solution connection port has a rubber valve that will close off the IV solution if the bag has been spiked and the IV tubing is removed. Please see the attached pages for further explanations. Extension sets, 60 gtts (mini drips) and 10 gtts (marco-blood tubing) will also be changed in the near future. Please let your FD supply liaison and MC EMS (Ken Sternig) know if you get any IV solutions or tubing that does not seem to be appropriate.



Viaflo - Instructions for Use



Opening the overwrap: Hold the bag with overwrap vertically.

Note: The overwrap has 2 slits at both the upper corners.



Opening the overwrap:

Tear the overwrap from the slit downwards in a smooth movement.

Note: After the bag is removed from the overwrap. It is important to check for leaks by squeezing the inner bag firmly.



Accessing Administration Port: Use aseptic technique.

Twist-off the protector cap from the administration port of the bag. This allows for an aseptic opening and therefore does not require disinfecting of the administration port before spiking.



Spike Connection:

Hold the base of the Viaflo port system and insert the spike. A slight resistance should be felt as the port membrane is broken.

Use only with a non-vented set or a vented set with the vent closed.



Spike connection:

Use a twisting motion during insertion, insert the spike until the shoulder of the spike is level with the port.

Do not insert the shoulder of the spike into the port.

Note: To avoid piercing the bag, do not fold the bag during insertion.



Admixing:

Disinfect the medication port using aseptic technique. Hold the base of the Viaflo port system and insert the needle (19-22 gauge) through the center of the injection site membrane of the medication port. After injecting medication mix solution and medication thoroughly. For high-density medication such as potassium chloride, tap the ports gently while ports are upright and mix.

Note: Do not use additives which are incompatible.

Caution: Do not store bags containing added medications.

Warnings:

- · Do not remove unit from overwrap until ready for use.
- Use only if the solution is clear, without visible particles and if the container is undamaged.
- Administer immediately following the insertion of infusion set.
- Do not vent.
- The solution should be administered with sterile equipment using an aseptic technique.
- Discard after single use.
- Discard any unused portion.
- · Do not reconnect partially used bags.

For product information please call Baxter Medical Information at 1-800-933-0303



Thermometer readings:

MC EMS has received reports of paramedics getting lower temperature readings when using the MedSource non-contact infrared thermometers. We have checked with the manufacture and they are not receiving similar reports. To help assure accurate readings are achieved please make sure the following steps are being taken;

- 1. The thermometer is set to "Body" not surface. The source can be changed using the "mode" button.
- 2. If the patient has moist or diaphoretic skin, the EMS provider taking the temperature should wipe the skin surface dry immediately prior to taking the temperature.
- 3. The temperature should be taken from 3-5 cm from the patient's skin.
- 4. The thermometer should be calibrated whenever the EMS provider feels the reading is off and once a month (Per soon to be released MC EMS recommendations).
- 5. Please report any wide temperature discrepancies between a temperature taken by EMS providers and by the emergency department staff to MC EMS (Ken Sternig)

MedSource Non-contact Infrared Thermometer



Non-contact Infrared Thermometer Model: MS-131000

Calibration process

5.Recalibration of device via the F4 MENU
Thermometer factory-set. Depending on varous skin types and thickness, there may be temperature differences.
The F4 function will recalibrate and if you see a difference in the reading ,you must recalibrate the unit.

Instructions for recalibration:

Press the Mode and °C / °F buttons at the same time for 3 seconds. The screen will then display : "F4" Press Mode to increses 0.1° C, press °C / °F to reduce 0.1° C. Press MEM button to save the setting.

In the cases of seasonal or environmental changes a verification and adjustment should be carried out.